

Docket No.: JAO 40499

DECLARA TION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: MATRIX TYPE DISPLAY DEVICE AND MANUFACTURING METHOD THEREOF described and claimed in international application number PCT/JP97/03297 filed September 18, 1997.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

Japanese Patent Application No. 8-248087, filed September 19, 1996

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; and Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Fl of Sole or Firs			Mutsumi		KIMURA
2	Inventor's Signature		Given Name		Middle Initial エスカー 月を	Family Name
3	Date of Sign:	ature	<u>/</u>	April	27	1898
	Residence:		Suwa-sl	Month ni	Day Nagano-ken	Year Japan
	Citizenship:	Japanese	City		State or Province	Country
	Post Office Address:		3-5, Owa 3-chome, Suwa-shi			
	(Insert complete mailing address, including country)			Nagano-ken 392 JAPAN		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

of Joint Inventor Inventor's Signature: Date of Signature: Residence:	<u> </u>	Hiroshi Given Name Hiroshi	Middle Initial	KIGUCHI Family Name
Date of Signature:	<u>/</u>		Middle Initial	Family Name
	<u></u>			
		Aplil	28-	Kiguchi 1888
Residence:		Month	Day	Year
	Su	wa-shi	Nagano-ken	Japan
Citizenship: Ja	panese	City	State or Province	Country
Post Office Address (Insert complete mailing address, including count		3-5, Owa 3-chome, S	Suwa-shi	
		Nagano-ken 392 JA1	PAN	
Typewritten Full Name of Joint Inventor				
Inventor's Signature:		Given Name	Middle Initial	Family Name
Date of Signature:				
Residence:			Day	Year
Citizenship:		City	State or Province	Country
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Inventor's Signature:		Given Name	Middle Initial	Family Name
Date of Signature:		March		
Residence:				Year
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Typewritten Full Name of Joint Inventor				
nventor's Signature:		Given Name	Middle Initial	Family Name
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Residence:			Day	Year Country
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	(Insert compaddress, incompaddress,	(Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Residence: Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Residence: Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Pate of Signature: Pate of Signature: Residence:	(Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Given Name Given Name	(Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Date of Signature: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Signature: Date of Signature: City State or Province Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name of Joint Inventor Inventor's Signature: Date of Signature: Date of Signature: Month Day City State or Province City State or Province City State or Province City State or Province City State or Province

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This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.